

Name
in
Full

Caroline Bradford

CERTIFICATE OF DEATH

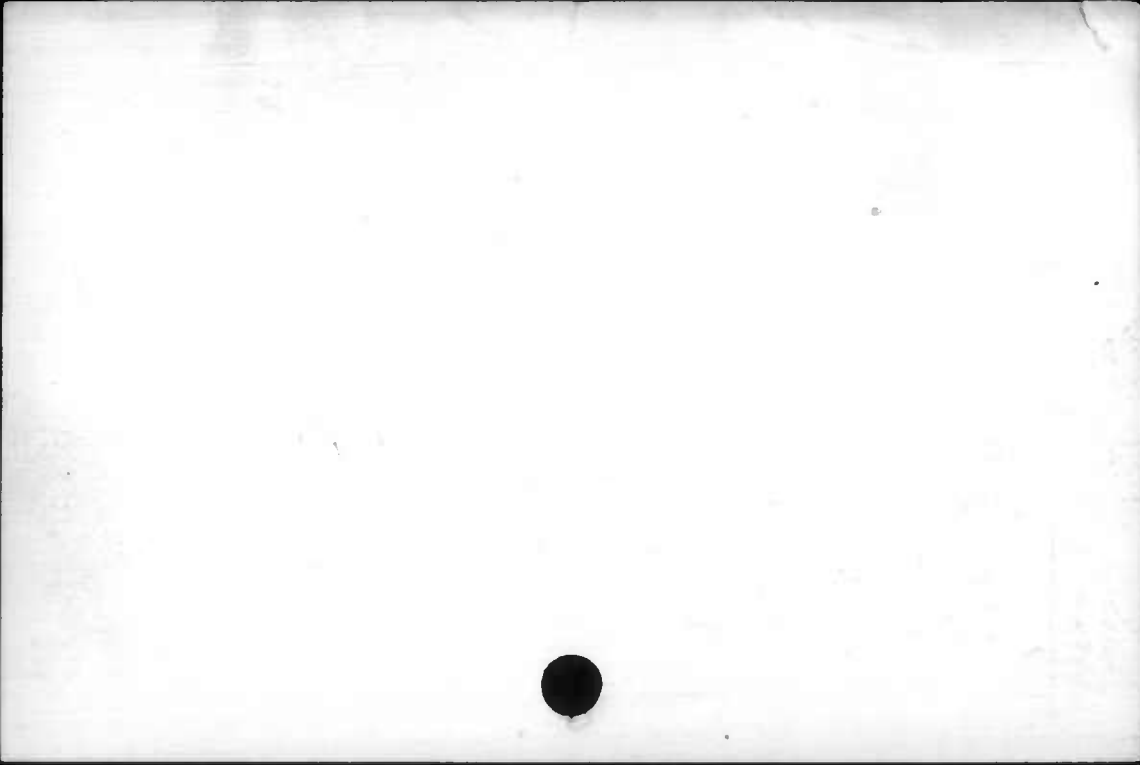
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct.	5	Age	8.0		
Sex	Female		Color or Race	Colored		Birth-place	Ind
Occupation	House wife		Where Residing if not at place of death		Same		
Married, Single or Widowed	Widow		Name of Wife or Husband	Jacob Bradford			
Father's Name	Santa James		Father's Birthplace	Ind			
Mother's Maiden Name	Not known		Mother's Birthplace	Unknown			
Name of person giving Information	Maria Smart		How related to deceased	Daughter			

CAUSES OF DEATH

Primary	breast of arteries		How long	one moment
Immediate	Same as above		How long	Same
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. F. H. Gorsuch		
Address		Fork Md.		
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary A Conway

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

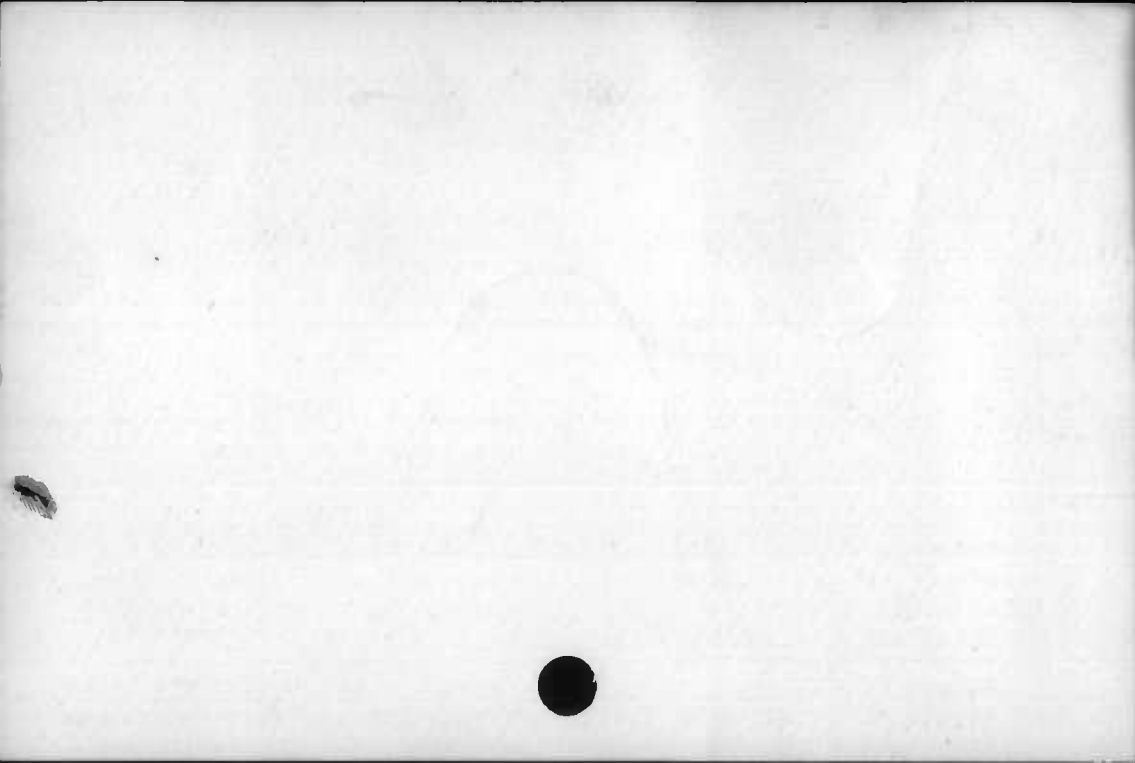
Died at <i>Chure de Grace</i>		Town <i>Harford</i>		County	
Date of death	1909	Month	Oct	Day	23
Age		66		Years	
Sex	Female		Color or Race	White	
Birth-place	Ireland				
Occupation	House work		Where Residing if not at place of death <i>Chure de Grace</i>		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Edward</i>		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	<i>James Conway</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Uterine Carcinoma</i>	How long	<i>17 years</i>
Immediate	<i>Carcinosis + Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. W. Steiner</i>	
Yes		Address <i>Harford</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Egyptus Adolphus Courtney

Died at *Aberdeen* Town *Harford* County **MARYLAND**

Date of death *1909* Month *Oct* Day *30* Age *60* Years Months *5* Days *8*

Sex *Male* Color or Race *White* Birth-place *Aberdeen*

Occupation *Farming* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Amie Caroline Courtney*

Father's Name *Amos Courtney* Father's Birthplace *Aberdeen*

Mother's Maiden Name *Emily Courtney* Mother's Birthplace *Aberdeen*

Names of person giving Information *S. M. Osborn* How related to deceased *Cousin-law*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *8 hrs.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *—*

Buried Nov 2-09

at same Cemetery

Name
in
Full

Grace A Bullum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Medford ^{County} Harford MARYLANDDate of death 1909 ^{Month} Oct ^{Day} 21 ^{Years} Age ^{Months} 3 ^{Days}

Sex Female Color or Race white Birth-place Medford

Occupation — Where Reiding if not at place of death Medford

Married, Single ~~or Widowed~~ Name of Wife or Husband

Father's Name Samuel Bullum Father's Birthplace Harford

Mother's Maiden Name Effie Gray Mother's Birthplace "

Name of person giving Information Samuel Bullum How related to deceased Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

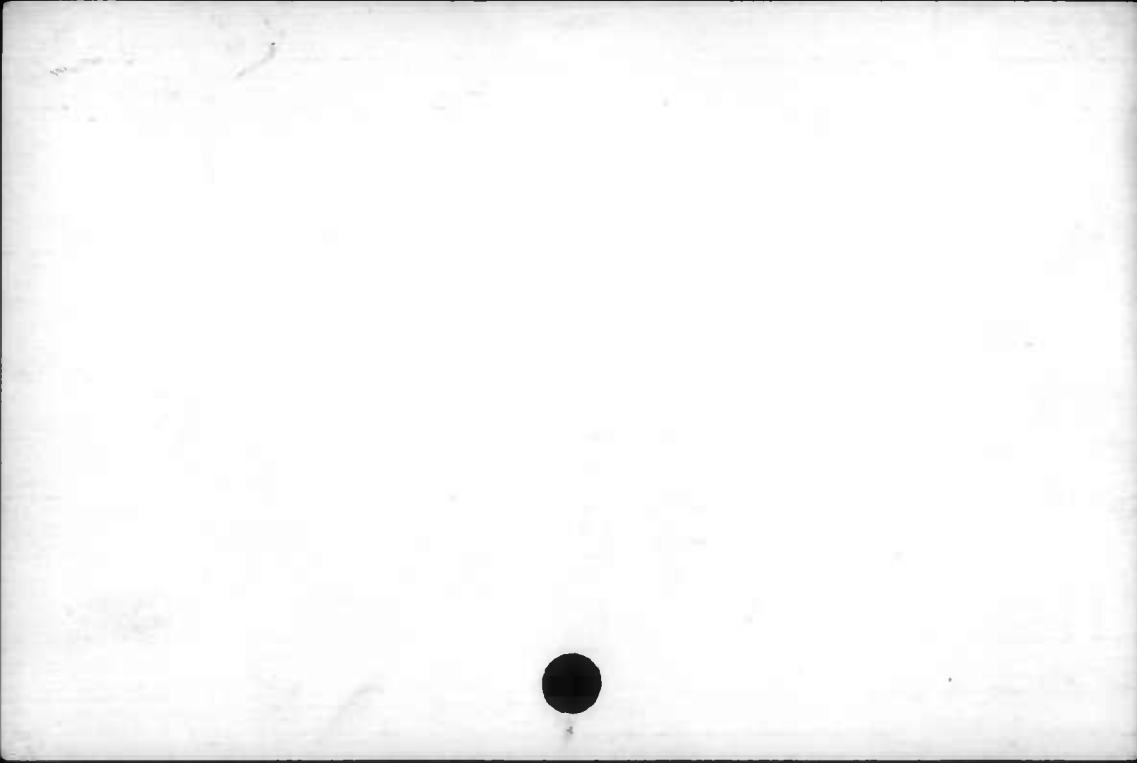
Primary Marasmus How long 3 mos

Immadiate " How long

Are the name, age, sex, color, date and place correctly givan above? yes Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name J. Miles Curry Town Upper X Roads County Harford MARYLAND

Died at Upper X Roads Date of death 1909 Oct-11 Age 46 Month 8 Day 9

Sex Male Color or Race White Birth-place Md

Occupation Merchant Where Residing if not at place of death Md

Married, ~~Single~~ or Widowed Name of Wife or ~~husband~~ Martha B. Curry

Father's Name John B. Curry Father's Birthplace Md

Mother's Maiden Name Sarah C. Riley Mother's Birthplace Md

Name of person giving information G. J. McEvans How related to deceased Brother-in-law

CAUSES OF DEATH

(159)

PHYSICIAN
OR CORNER

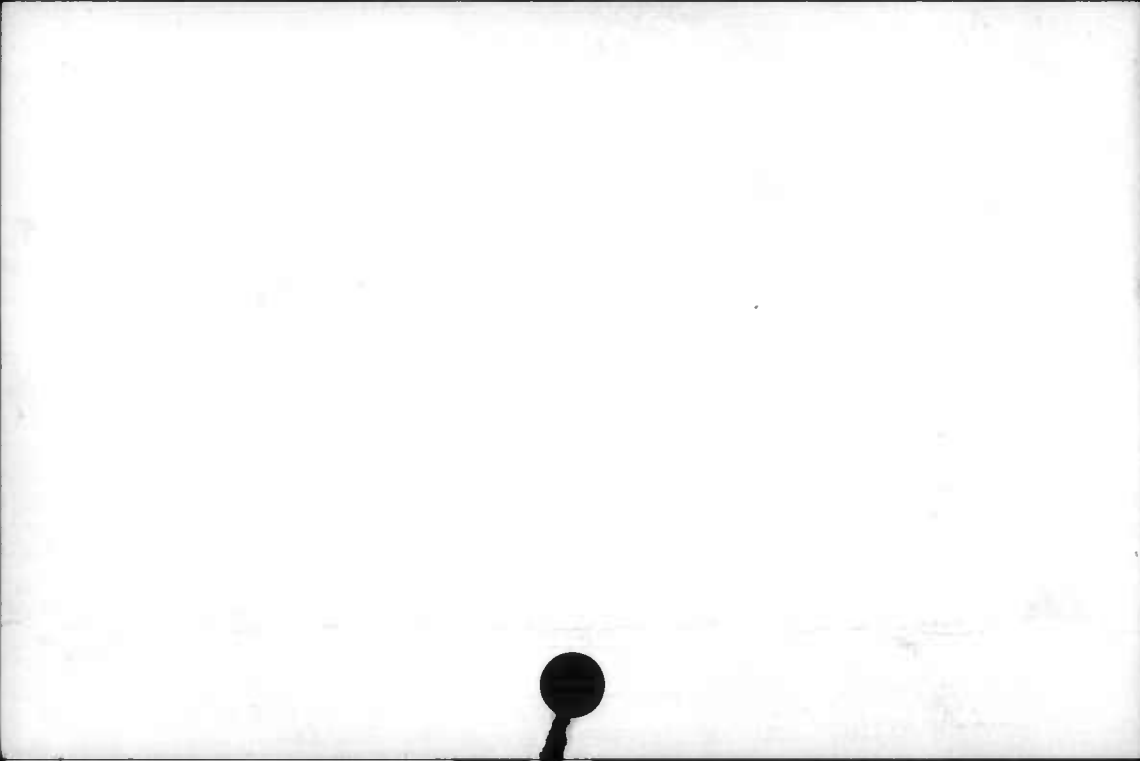
Primary Rifle Shot How long 26 hours

Immediate Paralysis of Brain How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Geo. H. Davis Address Phasantville Md

~~Accident~~ Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John C. Dumas Jr.* Town *The Rocks* County *Hampden*
Died at *The Rocks* *Hampden* **MARYLAND**
Date of death *1909 Oct. 10* Age *31* Months Days
Sex *Male* Color or Race *Colored* Birth-place *Ind.*
Occupation *Laborn* Where Residing if not at place of death *The Rocks*
Married, Single or Widowed *Widower* Name of Wife or Husband *Venue Jordan*
Father's Name *John C. Dumas Sr.* Father's Birthplace *K. C.*
Mother's Maiden Name *Annie M. Green* Mother's Birthplace *Ind.*
Name of person giving Information *John C. Dumas Sr.* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Diabetes mellitus* How long *2 years*
Immediate

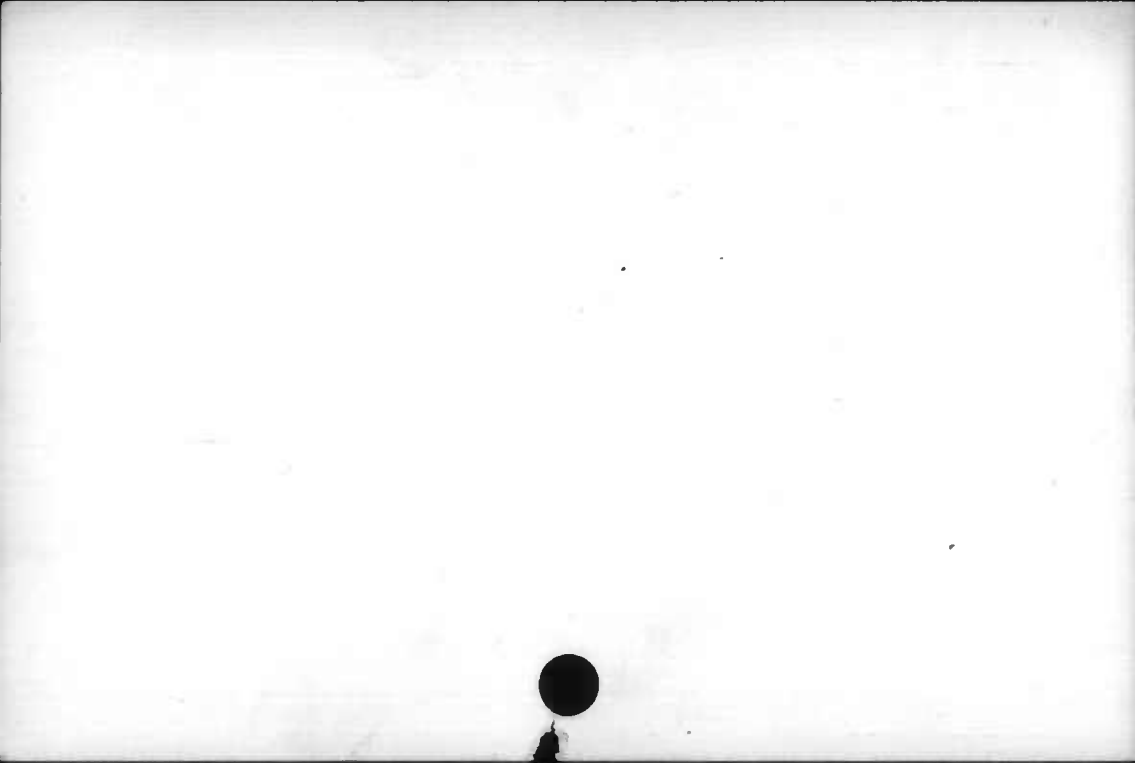
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary A. Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Harre de Grace Harford County

Date of death 190 9 Oct. 29 Age — Months 7 Days —

Sex Female Color or Race White Birth-place Harre de Grace

Occupation None Where Residing if not at place of death " " "

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Edgar Dutton Father's Birthplace New York

Mother's Maiden Name Mary Sutor Mother's Birthplace Harre de Grace

Name of person giving Information Edgar Dutton How related to deceased Father

CAUSES OF DEATH

Primary Enteric fever How long 6 months

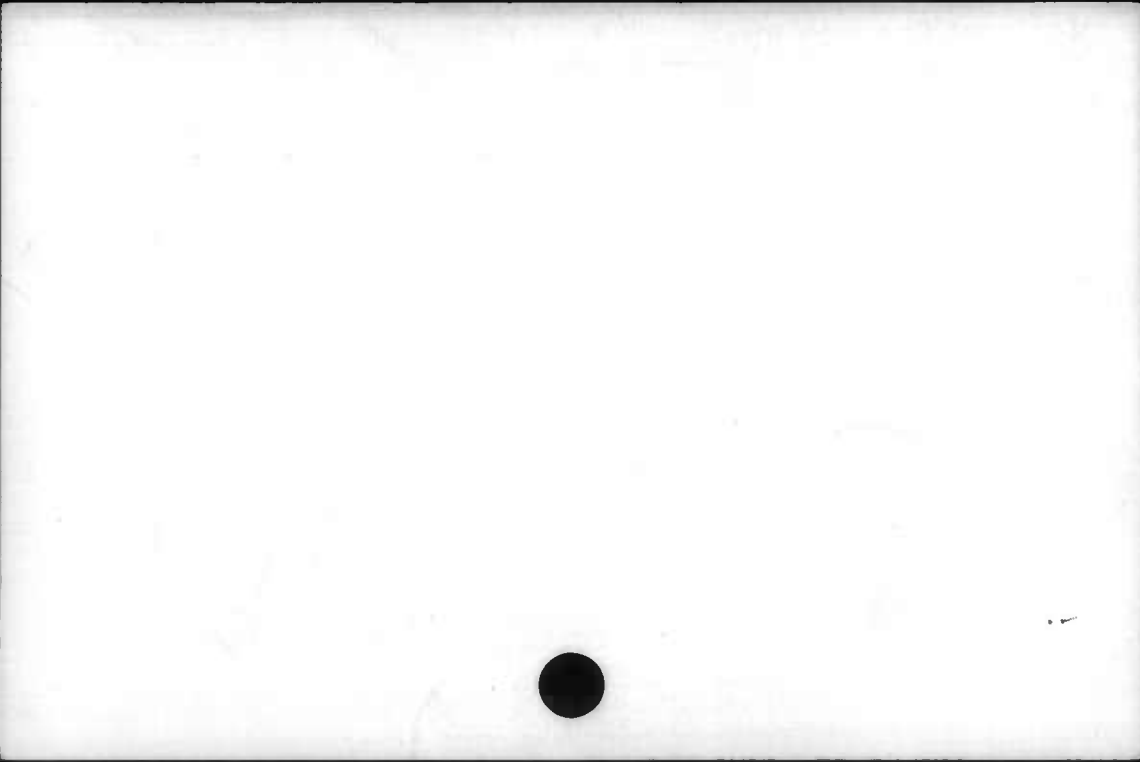
Immediate Norae murt How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. H. Smith
Address Harre de Grace
MD

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

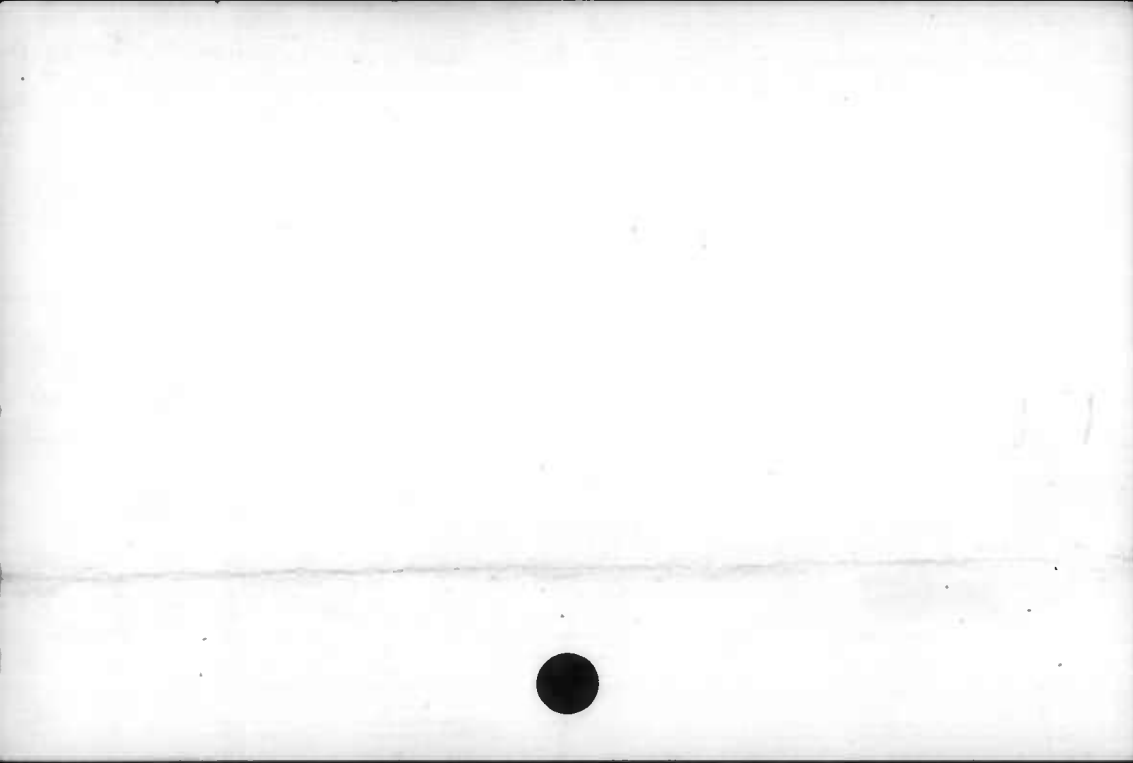
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 Oct 14				Age 48			
Sex	Female	Color or Race	Blk	Birth-place	Md		
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband Wm R Butters			
Father's Name	John Talbot			Father's Birthplace Md			
Mother's Maiden Name	Susan Talbot			Mother's Birthplace Md			
Name of person giving Information	Albert S. Dorsey			How related to deceased Not any			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Ischemic Stenosis		How long	19 days
Immediate	Convulsions & Exhaustion		How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm S Gorsuch Md		
		Address W B Kirk Md		
Accident or Suicide		Baltimore		



Name
in
Full

Latimer Carman Ely.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rutledge ^{Town} Harford ^{County} **MARYLAND**
Date of death 1909 Oct. ^{Month} 5 ^{Day} Age 3 ^{Years} 6 ^{Months} 6 ^{Days}
Sex Male Color or Race White Birth-place Rutledge, Ind.
Occupation _____ Where Residing if not at place of death _____

Married, Single
or Widowed SingleName of Wife or
Husband _____Father's
NameJames L. ElyFather's
BirthplaceHarford Co.Mother's
Maiden NameAda L. CarmanMother's
BirthplaceBalto. Co.Name of person giving
InformationJames L. ElyHow related
to deceasedFather

CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

all his life.

Immediate

Illio Colitis

How long

Two weeks.Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianF. E. Rigdon M.D.
Address Jarrettsville, Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Fitzgerald

Town *Harrods Creek* County *Barford* **MARYLAND**

Died at *Harrods Creek*

Date of death *1909* Month *Feb* Day *17* Age *53* Years Months Days

Sex *Female* Color or Race *W* Birth-place *Ind.*

Occupation *House work* Where Residing if not at place of death *Harrods Creek, Ind.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Patrick Fitzgerald* Father's Birthplace *Ireland*

Mother's Maiden Name *Brady Kelley* Mother's Birthplace *"*

Name of person giving Information *Joe P. Fitzgerald* How related to deceased *Brother*

CAUSES OF DEATH

Primary

Gastritis

How long

4 Mo.

Immediate

Cardiac Complications

How long

1 Hr.

Are the name, age, sex, color, date and place correctly given above?

Yes

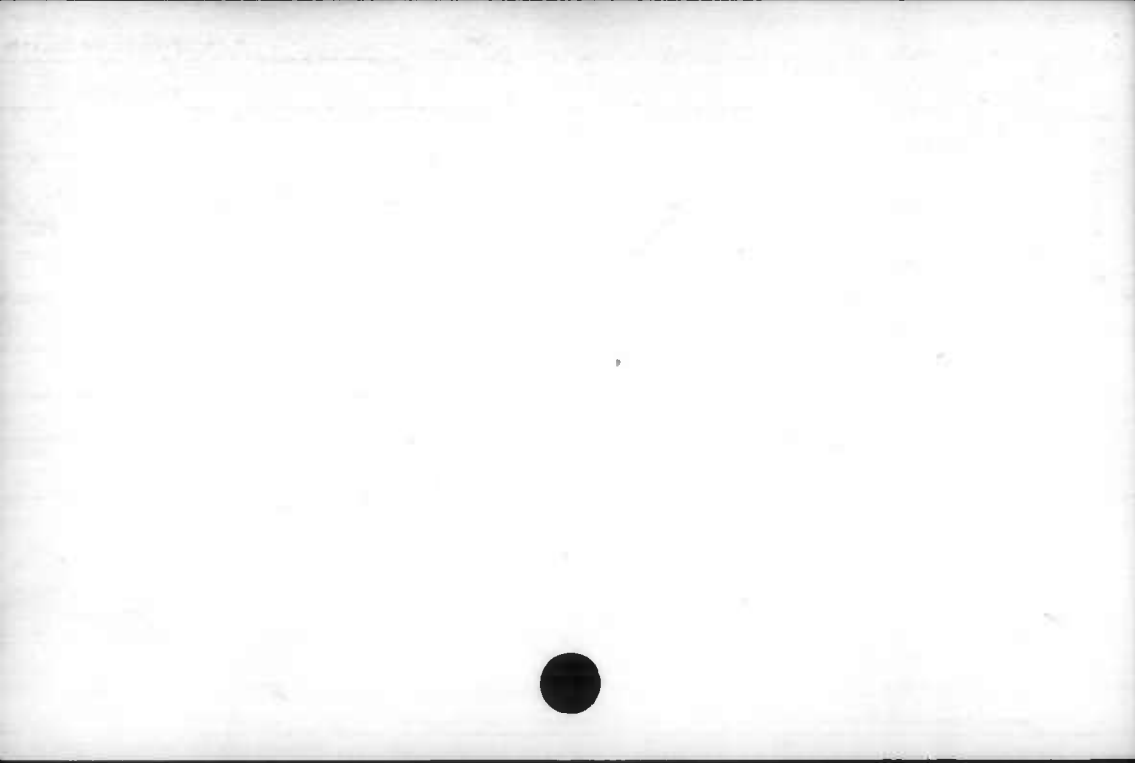
Signature of Physician

Address

*J. J. Broadward**Harrods Creek, Ind.*

Accident or Suicide

104



Name
in
Full

Katie Fleming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

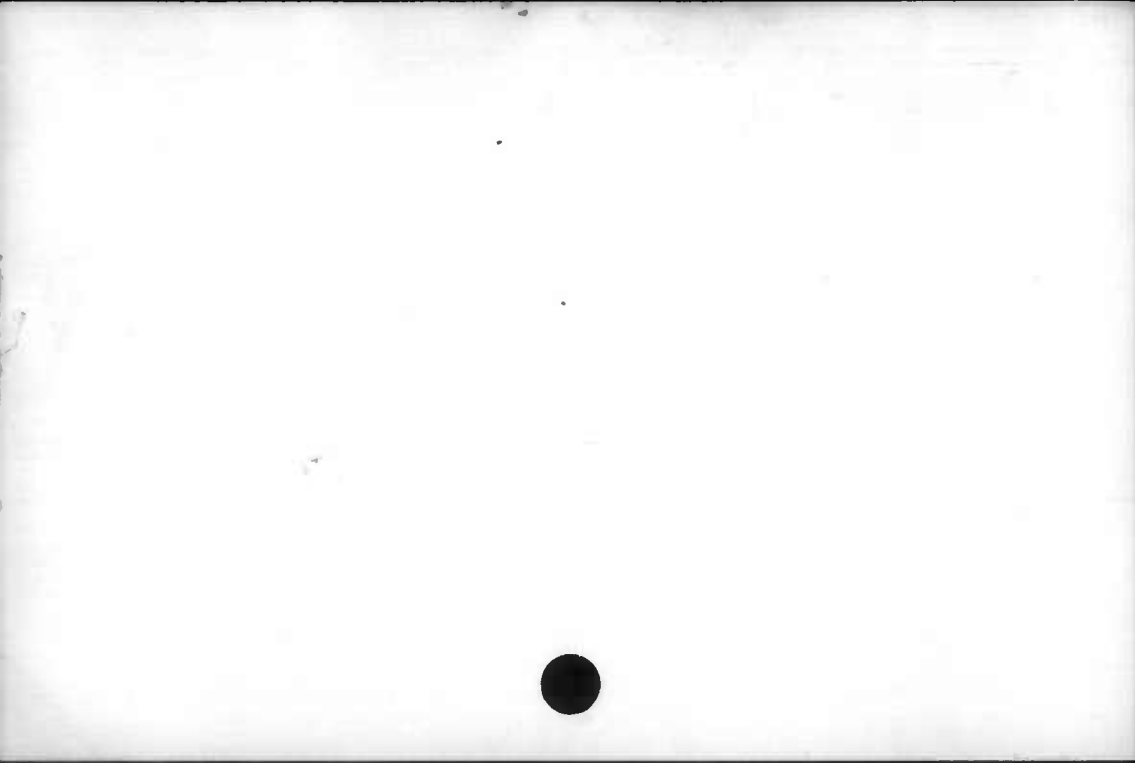
Died at		Town Darlington		County Harford		MARYLAND	
Date of death		Month 1909 Oct'r	Day 25*	Age	Years 49	Months	Days
Sex		Female		Color or Race		Colored	
Occupation		Housekeeper		Birth-place		Chester, Penn	
Married, Single or Widowed		Married		Where Residing if not at place of death		as above	
Father's Name		Name of Wife or Husband		Albert Fleming		Father's Birthplace	
(Unknown)		Bailey		Chester, Penna.		Mother's Birthplace	
Mother's Maiden Name		Matron		Bailey Unknown		" "	
Name of person giving Information		George Fleming		How related to deceased		Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Balvular heart disease	How long	about 3 years
Immediate	Pericardial Effusion	How long	some 4 or 5 days
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
yes		Ephor ^m Hopkins	
		Address	
		Darlington Maryland	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marysville* Town

County

*Harford*Date of death *1909 Oct.* MonthDay *27*

Age

Years

22

Months

Days

29

Sex

*Male*Color or
Race*White*Birth-
place*Harford Co., Md*

Occupation

*Farmer*Where Residing if not
at place of death*Marysville. Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Sarah E. Litchcock*Father's
Name*Love Litchcock*Father's
Birthplace*York, Pa.*Mother's
Maiden Name*Sarah Ann Black*Mother's
Birthplace*Christ Church, W. Va.*Name of person giving
In formation*Henry Litchcock*How related
to deceased*Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis. Senility

How long

14 years

Immediate

Cardiac Distress. General weakness.

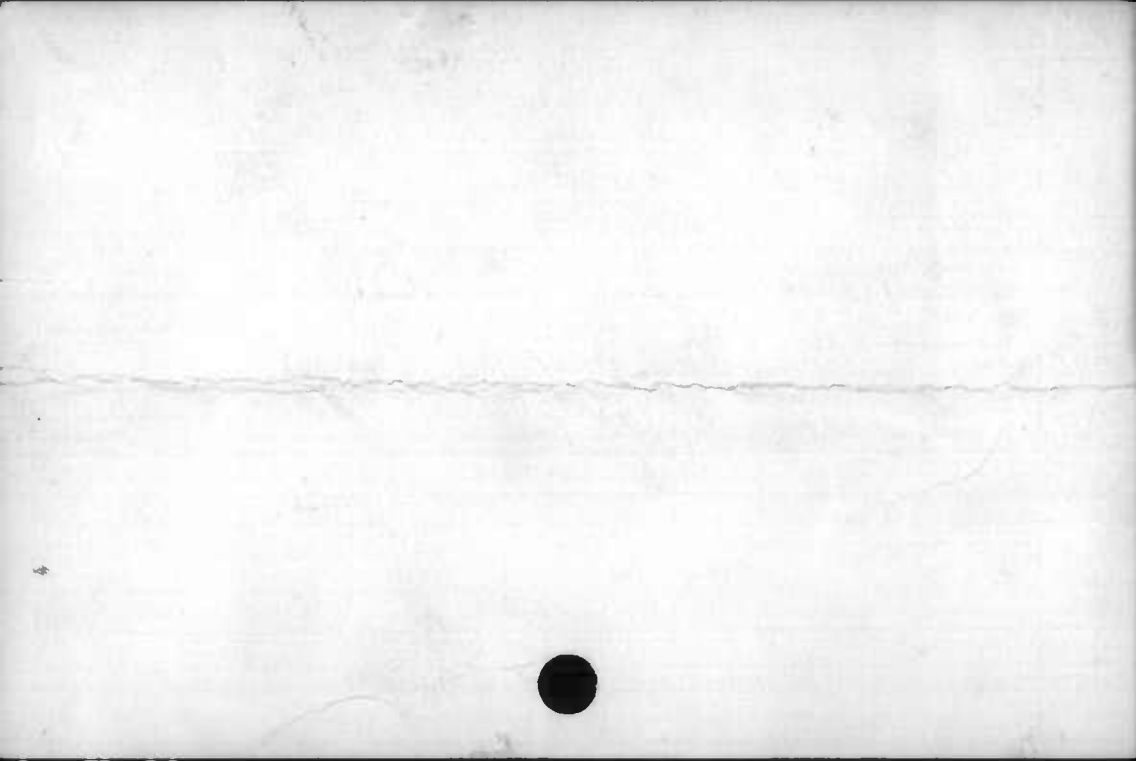
How long

*14 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. H. Shuman*

Address

New York. Pa.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Daniel W. Jones

Town

County

MARYLAND

Died at

Ludwig

Harford

Date

Month

Day

Years

Months

Days

of death

1909

10

15

Age

72

Sex

male

Color or
Race

white

Birth-
place

North Wales

Occupation

Quarryman

Where Residing if not
at place of death

Ludwig

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary D. Jones

Father's
Name

William Jones

Father's
Birthplace

N. Wales

Mother's
Maiden Name

Mary Nicholas

Mother's
Birthplace

N. Wales

Name of person giving
Information

Isaac Jones

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cardiac Asthma

How long

3 yrs

Immediate

u

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. Warren Ramsay
Delta
Prima

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emily Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Harrods Grace ^{County} Harford **MARYLAND**

Date of death 1909 ^{Month} Oct. ^{Day} 10 ^{Years} Age 60 ^{Months} - ^{Days} -

Sex Female Color or Race Black Birth-place Unknown

Occupation House work Where Residing if not at place of death Harrods Grace

Married, Single or Widowed Married Name of ~~Wife or~~ Husband James Jones

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Annie Randolph How related to deceased Daughter

CAUSES OF DEATH

Primary Heart Disease How long 2 or 3 yrs

Immediate

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. W. Smith
Harrods Grace
Md

Accident or Suicida



Name
in
Full

Amanda Jane Lingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abingdon</i>		Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>October</i>	Day <i>12th</i>	Age <i>55</i>	Years	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Stepney</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Lingham</i>					
Father's Name <i>bde</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Amanda bde</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Pinkie Carrington</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

64

✓

Primary	<i>Arteriosclerosis</i>	How long <i>1 year</i>
Immediate	<i>Cerebral hemorrhage</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Oppermann</i>
		Address <i>Abingdon, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

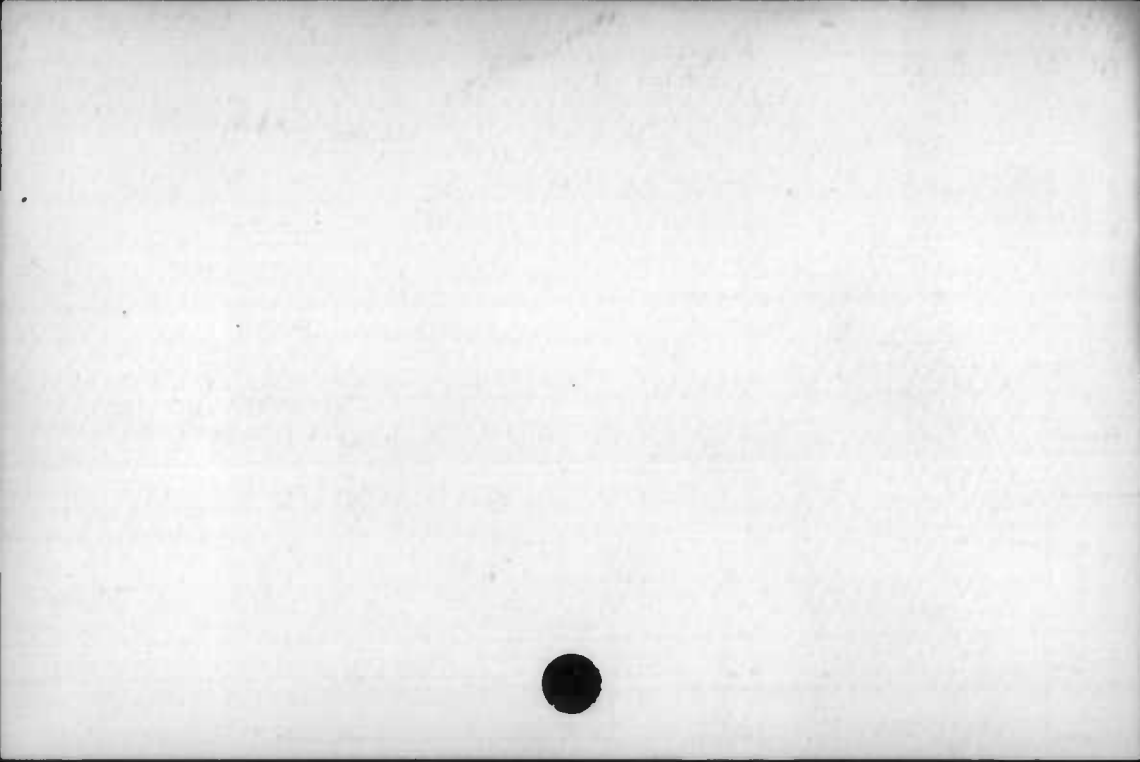
Died at <i>Harre de Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>48</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Harre de Grace</i>	
Occupation <i>Fisherman</i>			Where Residing if not at place of death <i>" " "</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Josephine M.C. Call</i>				
Father's Name <i>John M.C. Call</i>	Father's Birthplace <i>Guil Co,</i>				
Mother's Maiden Name <i>Rebecca Myers</i>	Mother's Birthplace <i>Guil Co,</i>				
Name of person giving information <i>Richard M.C. Call</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>8 Mo</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. W. Steiner</i>
	Address <i>Harre de Grace Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W Martin

Town

County

Died at

Abingdon Md

Harford Co

MARYLAND

Date

of death 1909 October

Month

Day

3

Year

Age 70

Months

3

Days

28

Sex

male

Color or
Race

White

Birth-
place

Ireland

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary J. Martin

Father's
Name

Joseph Martin

Father's
Birthplace

Ireland

Mother's
Maiden Name

Elizabeth McCreedy

Mother's
Birthplace

Ireland

Name of person giving
Information

Frances Martin

How related
to deceased

Daughter

CAUSES OF DEATH

27

Primary

Tuberculosis Pulmonary

How long

2 years

Immediate

Exhaustion & heart failure

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. A. Callahan

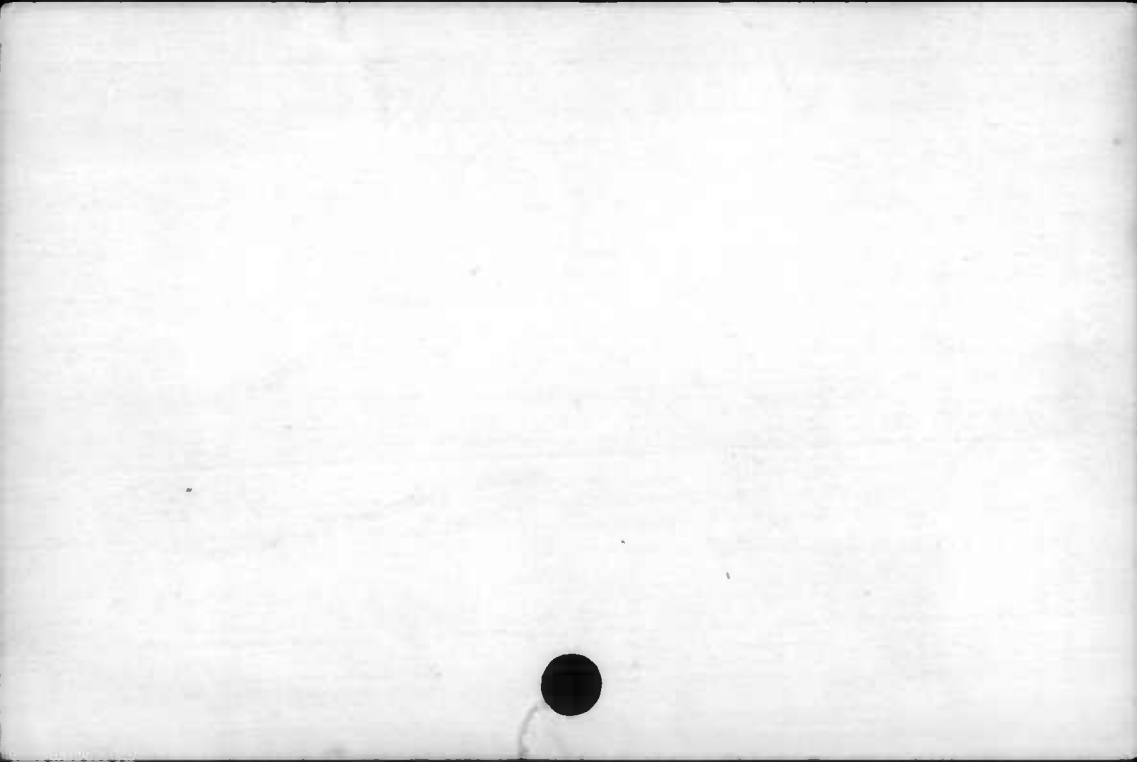
Address

Belcamp

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charles Franklin Mead

Town

Jarrettsville

County

Harford

MARYLAND

Date

of death

1909 Oct.

Month

Day

29

Age

Years

Months

9

Days

1

Sex

male

Color or
Race

White

Birth-
place

Batto, Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry G. Mead

Father's
Birthplace

Warren Co., Pa.

Mother's
Maiden Name

Mary J. Busler

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Harry G. Mead

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

one week.

Immediate

" "

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

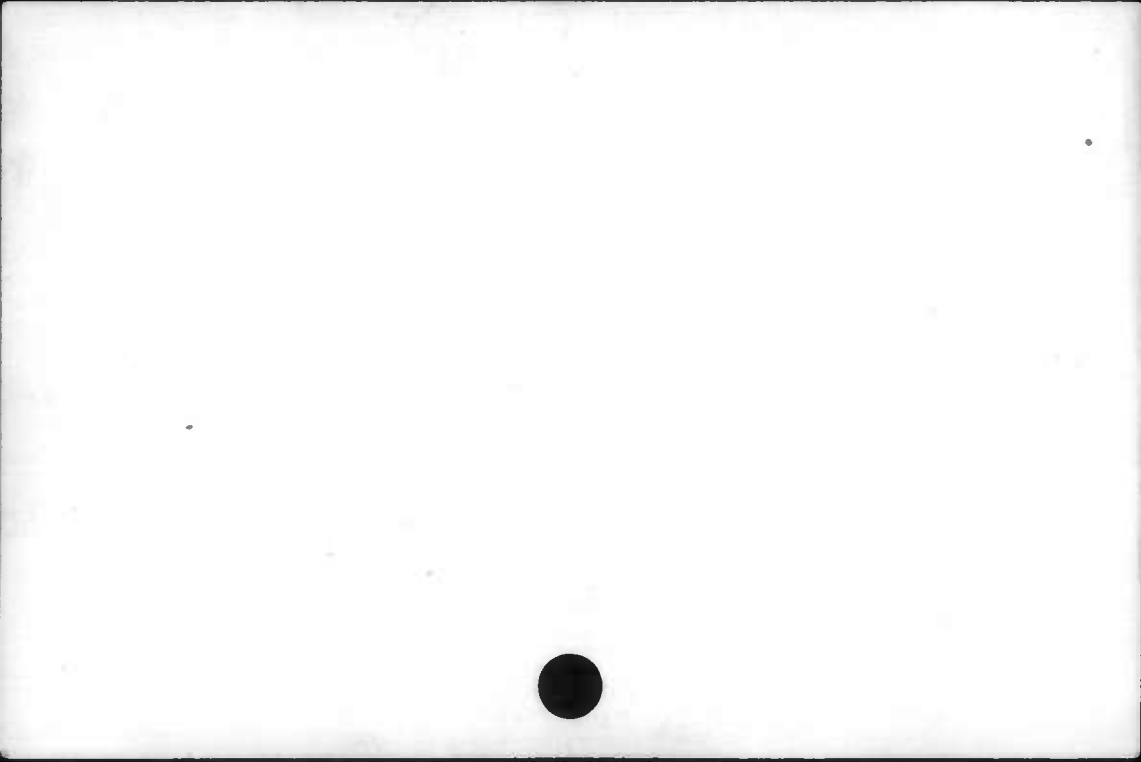
Signature of
Physician

Address

F. E. Rigdon M.D.
Jarrettsville
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full*not named**More*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

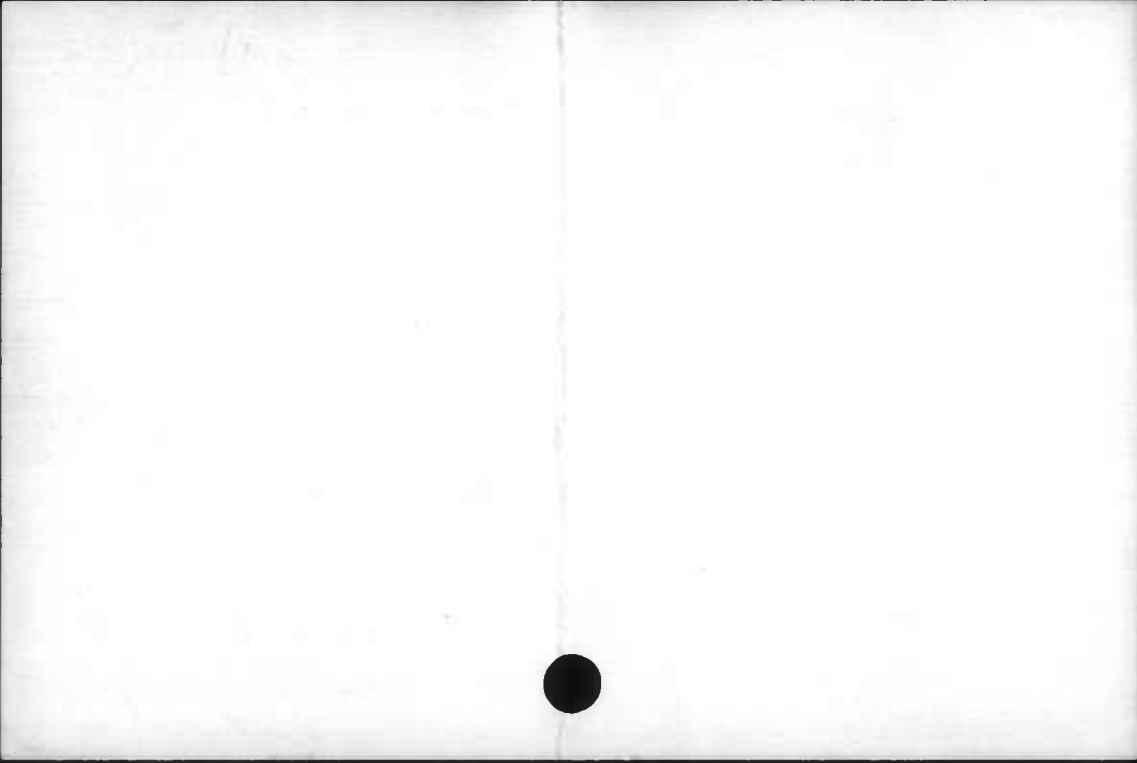
Died at <i>Mar Ardum</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mar Ardum</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>Mar Ardum</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>H. P. More</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Annie Corrit</i>			Mother's Birthplace <i>Harford Co.</i>		
Name of person giving Information <i>Annie More</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Congenital malformation of skull.</i>	How long <i>2 days</i>
Immediate <i>Congenital (convulsions).</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James H. Kennedy</i>
	Address <i>Ardum Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Sarah Elizabeth Nelson

Died at *Darlington* Town *Harford* County

Date of death *1909* Month *11* Day *4* Age *73* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *Lady* Where Residing if not at place of death *—*

~~Married, Single~~ ☒ Widowed Name of Wife or Husband *James Nelson*

Father's Name *Henry Ozmon* Father's Birthplace *Md*

Mother's Maiden Name *Aunt Warren* Mother's Birthplace *Md*

Name of person giving Information *Mrs Katherine Lewis* How related to deceased *Daughter*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Simple -* How long *1 yr*

Exhaustion How long *4 days*

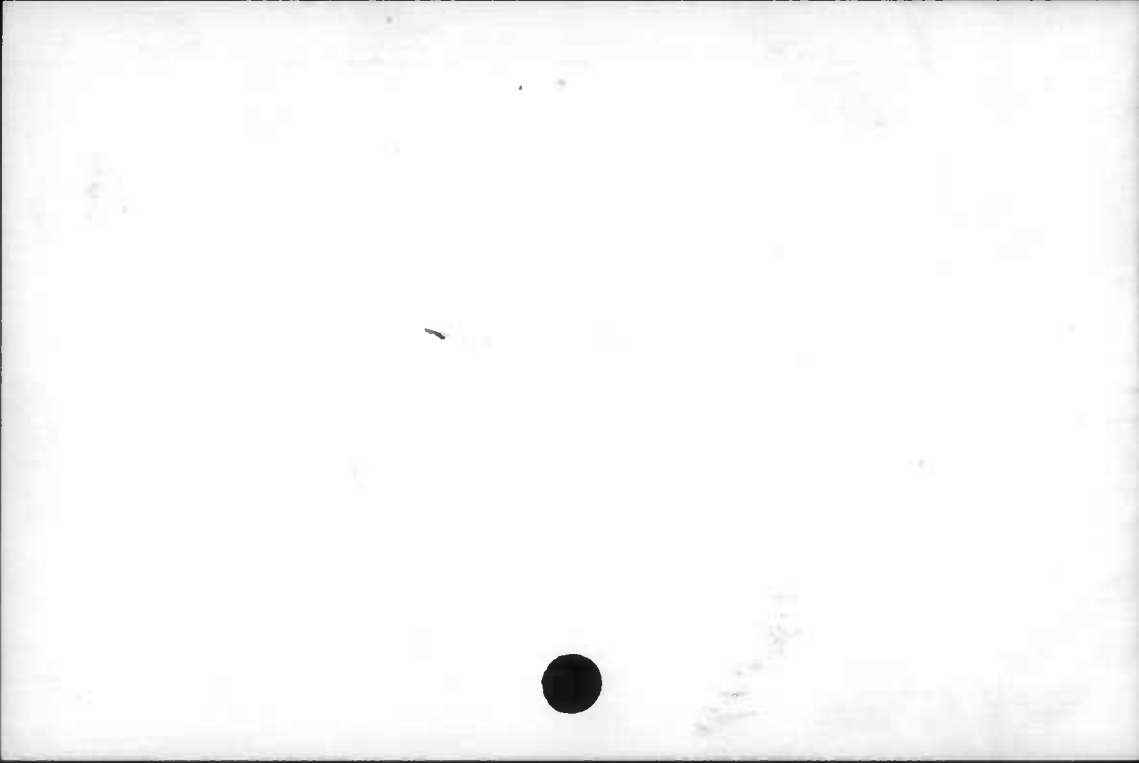
Immediate *Exhaustion*

Are the name, age, sex, color, date end place correctly given above ? ☒

Signature of Physician *W B Kirk M D*

Address *Darlington Md*

Accident or Suicide ☐



Name
in
Full

CERTIFICATE OF DEATH

Frederick Battluff

own

County

Died at

Dorpha

Hartford

MARYLAND

Date
of death

1909

Month

10

Day

10

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Laborer

Where Residing if not
at place of death

Clayton Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Battluff

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mary Battluff

How related
to deceased

Wife

CAUSES OF DEATH

166

Primary

How long

Immediate

Struck by P.R. Train

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. E. Creswell

Coroner

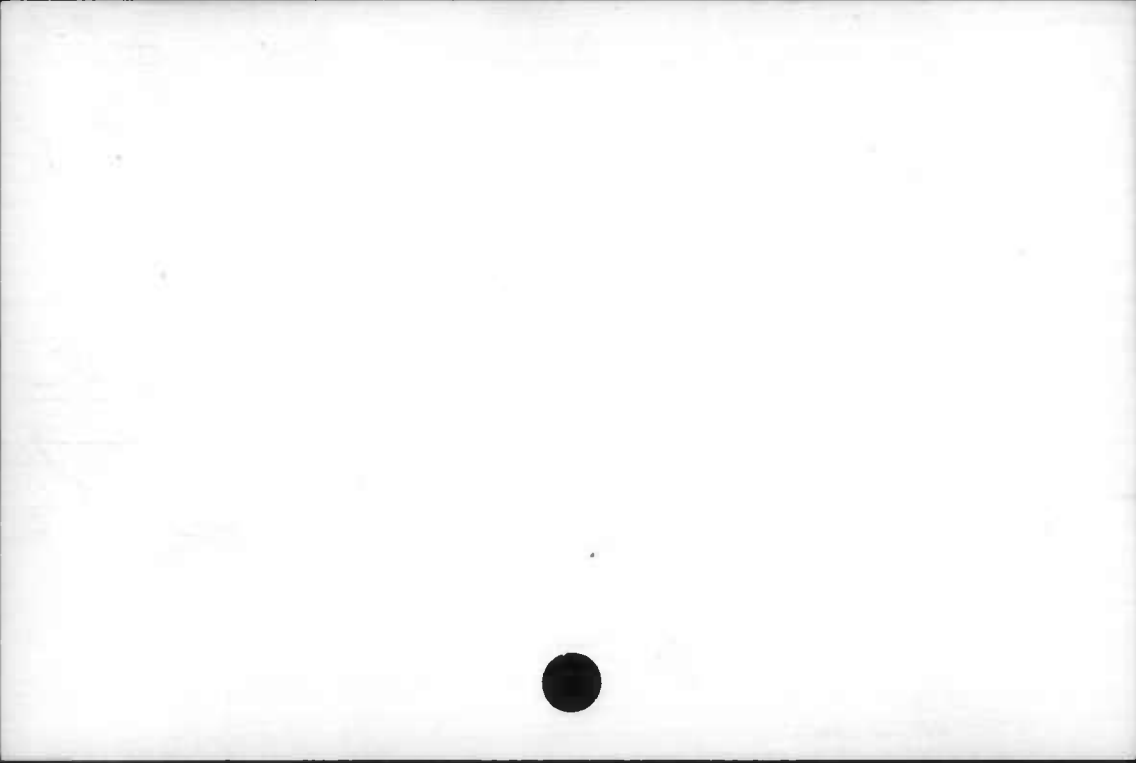
Address

Mountain Md.

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Albert Richardson

CERTIFICATE OF DEATH

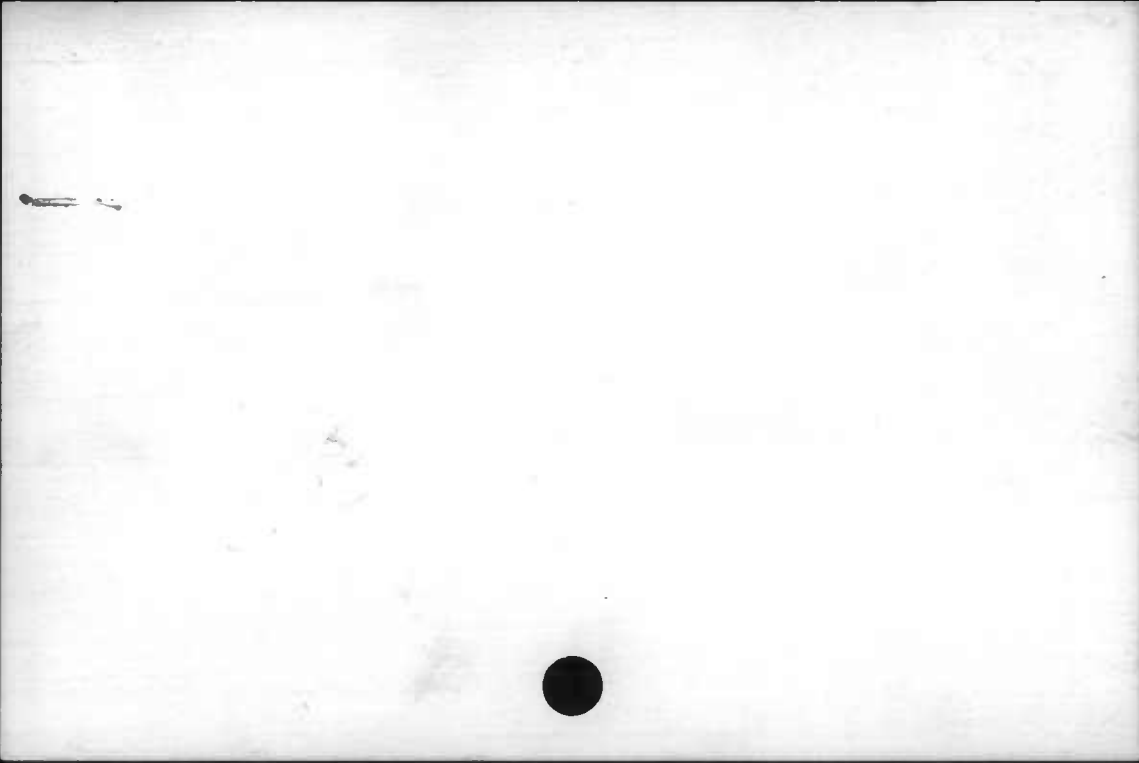
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Catlington* ^{County} *Harford* **MARYLAND**Date of death 190 ^{Month} *9* ^{Day} *Oct* ^{Years} *7* Age *3* ^{Months} *-* ^{Days} *-*Sex *Male* Color or Race *Black* Birth-place *Catlington*Occupation *none* Where Residing if not at place of death *ll*Married, Single or Widowed *Single* Name of Wife or Husband *none*Father's Name *Charlie Richardson* Father's Birthplace *Catlington*Mother's Maiden Name *Lucie Walsh* Mother's Birthplace *unknown*Name of person giving Information *Charlie Richardson* How related to deceased *Father*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONERPrimary *Membranous Croup* How long *4 or 5 days*Immediate *ll* *ll* *ll* *ll* How long *ll* *ll*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Albrother*Address *Harvards Green*

Accident or Suicide



Name
in Full

Mrs Louise B. Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} The Reef ^{County} Harford **MARYLAND**
Date of death 1909 ^{Month} Feb ^{Day} 1 ^{Age} 80 ^{Years} ^{Months} ^{Days}
Sex Female Color or Race White Birth-place Ind.
Occupation House Wife Where Residing if not at place of death The Reef
Married, Single or Widowed married Name of Wife or Husband James A. Slade
Father's Name Joshua L. Wright Father's Birthplace Ind.
Mother's Maiden Name Julia M. Webb Mother's Birthplace Ind.
Names of person giving Information James J. Slade How related to deceased son

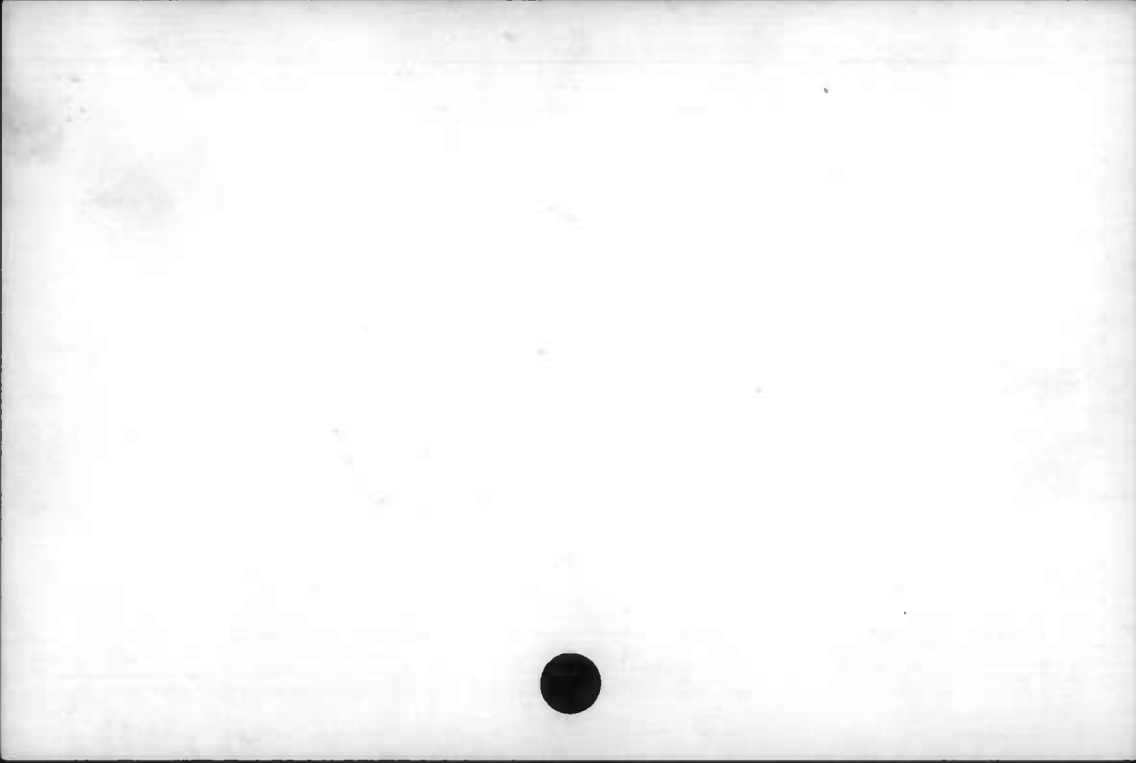
CAUSES OF DEATH

66

✓

PHYSICIAN
OR CORONER

Primary Paralysis How long 2 months
Immediate
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician C. W. Harmon
Address Street Ind.
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hickory</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1909 Oct.</i> ^{Month}		<i>Wednesday</i> ^{Day}		<i>27</i> ^{Years}	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hickory</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>J. Ruff Street</i>		Father's Birthplace <i>Hickory</i>			
Mother's Maiden Name <i>Hannah A. Baldwin</i>		Mother's Birthplace <i>Baldwin</i>			
Name of person giving information <i>Mrs. J. Henry Cain</i>		How related to deceased <i>Aunt.</i>			

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>10 days</i>
Immediate <i>Meningitis</i>	How long <i>2</i> "
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Drive</i>
Accident or Suicide?	



Name
in
Full

Catherine Sutfin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benson</i>		Town		County <i>Hanford</i>		MARYLAND	
Date of death	1909	Month	Oct.	Day	8	Years	53
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Phila. Pa.</i>
Occupation	<i>House Keeper</i>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>John Sutfin Keen</i>					Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Anna Black</i>					Mother's Birthplace	<i>Pa.</i>
Name of person giving Information	<i>Wm. Sutfin Keen</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>Immediate</i>
Immediate	<i>Apoplexy</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Catherine Sutfin</i>	
Address		<i>Benson</i>	
Accident or Suicide		<i>med</i>	

Please finish the
death of + return
to me

W B Larkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Dorothy Watts
Fairview

Harford County

MARYLAND

Date
of death

1909 Oct 21

Age

Years

8

Months

2

Days

8

Sex

Female

Color or
Race

Black

Birth-
place

Harford Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Abe Mason

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Mary Rasing

Mother's
Birthplace

Kent Co Md

Name of person giving
information

Mary Rasing

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Diphtheria

How long

1 week

Immediate

Paralysis heart

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

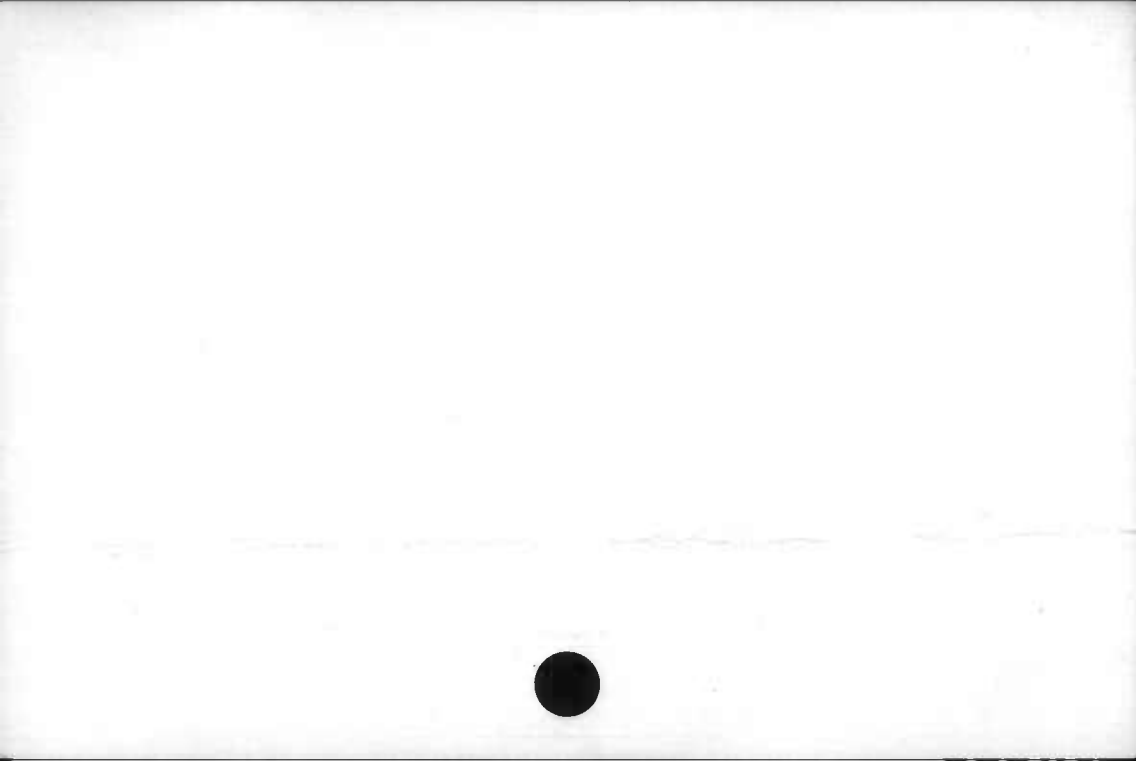
Charles Root

Address

Eggenwood Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Henry A. Wrath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tan Berber</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>10</i>		Day <i>18</i>		Age <i>54</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months <i>2</i>	
Occupation <i>Secretary</i>		Where Residing if not at place of death <i>Same</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isabella S. Wrath</i>	
Father's Name <i>Wm. Groome Wrath</i>		Father's Birthplace <i>Kent Co Md</i>		Mother's Maiden Name <i>Mary Poits</i>		Mother's Birthplace <i>Balto Md</i>	
Name of person giving Information <i>Mrs Mary G. Ford</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

159

✓

PHYSICIAN
OR CORONER

Primary	<i>You shot wound through abdomen</i>	How long	<i>Just 12 hours</i>
Immediate	<i>Shock & Internal hemorrhage</i>	How long	<i>after shot received</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Leysa L. Cropper</i>
Accident or Suicide	<i>Suicide</i>	Address	<i>Abingdon</i>
			<i>Coroner</i>

